

NOV 10 1933

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Mo Registration District No. 7/8F
 Township Mo Pac Hospital Primary Registration District No. 4000
 City St. Louis, Mo (No. 1755) S. Grand Blvd St. 17 Ward

File No. 34812
 Registered No. 8983

2. FULL NAME

(a) Residence, No. Evans Mo St. 17 Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|----------------------------------|--|
| 3. SEX <u>M</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Maurice B Mahanay</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12-1-1862</u> | | |
| 7. AGE <u>70</u> | YEARS <u>10</u> | MONTHS <u>6</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Railway employee</u> | | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u> |
| 10. Date deceased last worked at this occupation (month and year) | | 11. Total time (years) spent in this occupation |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u> | | |
| 13. NAME <u>Wm Carroll Mahanay</u> | | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u> | | |
| 15. MAIDEN NAME <u>Lucinda Trapp</u> | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u> | | |
| 17. INFORMANT <u>Ernest C Mahanay</u> (ADDRESS) <u>Evans Mo</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washington Mo</u> DATE <u>10-18-1933</u> | | |
| 19. UNDERTAKER <u>Louis Stoppel</u> (ADDRESS) <u>Lynchwood Mo</u> | | |
| 20. FILED <u>OCT 17 1933</u> <u>J. J. Biedeck</u> Registrar. | | |

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1933, to Oct 17, 1933
 I last saw him alive on Oct 17, 1933, at 8:44 a.m. Death is said to have occurred on the date stated above, at 8:44 a.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Colon
46C
92C
107A
L 10
 Other contributory causes of importance:
Bronchopneumonia
Myocarditis, Chr
Arteriosclerosis
Resection of bowel
 Name of operation Resection of bowel Date of 10-14-33
 What test confirmed diagnosis? Retroscopic Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) William B. Adams, M. D.
 (Address) 1755 S. Grand Blvd

